

HEMI-SYNCTM Journal

Vol. XI Summer 1993 No. 3

A Publication of The Monroe Institute

SERENDIPITY IN THE USE OF HEMI-SYNCTM WITH MULTIPLE, ANXIETY-RELATED SYMPTOMS: A CASE DISCUSSION



by Arthur D. Haggerty, PhD,
FACHCA

Arthur D. Haggerty is a health psychologist with a private practice in stress management and wellness, and an adjunct faculty member of The Center for Health Studies at Palm Beach Community College. He has a special interest in stress as a factor in the etiology of Alzheimer's disease and has developed preliminary protocols for Hemi-Sync application in this area. He also includes Hemi-Sync as a support to therapy for substance-abuse patients. A Professional Member since 1990, Dr. Haggerty resides in North Palm Beach, Florida.

IN THIS ISSUE

SERENDIPITY IN THE USE OF HEMI-SYNC WITH MULTIPLE, ANXIETY-RELATED SYMPTOMS:

A CASE DISCUSSIONi
Surprising, speedy improvement in persistent phobias rewarded Arthur Haggerty's use of Hemi-Sync as a therapeutic adjunct.

DYSLEXIA CASE HISTORIESii
Klaus Siefert details Hemi-Sync's ability to open new vistas for two German children struggling to acquire basic reading and writing skills.

BELIEFS, MOTIVATIONS, AND H-PLUSiv
Strongly held beliefs and motivations are major influences on the H-PLUS system's effectiveness as a tool for personal change. Joseph Callenberger describes approaches to dealing with these factors and taking more complete charge of one's life.

Introduction

In my general clinical/health psychology practice I use a comprehensive, multifaceted psychotherapy approach that includes the following components:

1) Cognitive psychotherapy for assisting the patient to establish a more realistic, less "catastrophic" attitude toward the problems in life in order to produce fewer reasons for excessive anxiety.

2) Regular use of Hemi-Sync tapes for training the patient to achieve more easily the alpha and theta states which are useful in behavioral psychotherapy through the process of "reciprocal inhibition," wherein these brain-wave states inhibit the presence of anxiety. A variety of *METAMUSIC* tapes is provided the patient to avoid any boredom that might develop from listening to the same tape on every occasion.

3) Finally, I create a symptom-specific tape with my verbal suggestions geared to combat the individual symptoms of the patient.

This comprehensive approach has worked most effectively with a variety of diagnostic categories such as panic states, nightmares and night terrors, phobias, chronic pain, and the customary emotional stresses that accompany most organic health problems and usually contribute to their severity.

Case Discussion

Recently, I began therapy with a patient with multiple, anxiety-related symptoms that included a phobia for public speaking, secondary (nonorganic) sexual impotence, and intense repressed anger involving an adult, mentally retarded son. The patient also suffered from prostatitis, which often required him to rise to urinate at least four or five times per night.

The cognitive restructuring component focused on

reviewing his most habitual, longstanding symptom, namely the fear of public speaking. As a retired, very successful international industrialist, he was often asked to make oral presentations. His fear of this process began in his South American homeland, where all academic examinations—from grade school throughout college—were administered orally. In his opinion, the greatest disgrace was to be forced to say “I don’t know” in public when asked an examination question.

At the initial therapy session, the patient was provided with several different *METAMUSIC* tapes and was fully oriented to the rationale for their use and to what positive results might be expected.

Serendipity

Even before the final step (introduction of the customized systematic desensitization tape related to public speaking) several symptoms were alleviated. First, the patient found that, while he still has his prostate condition, he now must arise only once or twice a night for urination. In addition, he has almost normal frequency of urination during the daytime. Next came an event that pleasantly shocked the patient: he was able to consummate sexual intercourse with his wife with no difficulty!

The most logical interpretation is that these tapes help the mind-body unity to return much closer to homeostasis, the ideal state of mental and physical equilibrium.

Apparently both of these symptoms became sharply reduced, not only because of the overall therapeutic atmosphere and process, but more specifically because the Hemi-Sync tapes reduced the patient’s generalized anxiety level very quickly and qualitatively better than the psychotropic drugs that he had been taking. The most logical interpretation is that these tapes help the mind-body unity to return much closer to homeostasis, the ideal state of mental and physical equilibrium.

These changes were accomplished in only seven therapy sessions. More importantly, with this modern, electronic sound component, patients can continue their therapy at home between sessions. Thus, their ultimate improvement not only makes them feel better physically and emotionally but also serves to supply what may be the highest form of self-actualization: “I have helped make myself better through my own efforts and empowerment.”

At this point, the patient and I hopefully await comparable improvement in his fear of public speaking. Neither of us, however, has any serious doubts that similar improvement will occur, although it may take a bit longer to modify that habitual form of behavior.

[Addendum: Approximately six months after submitting this account, Dr. Haggerty reported an additional symptom remission. Evidently the patient had suffered from hypertension for most of his adult life. After beginning to use Hemi-Sync, he discontinued his medication without informing his physician or Dr. Haggerty for several months. He discovered, and his doctor has confirmed, that his blood pressure has remained normal since then, without medication.]



DYSLEXIA CASE HISTORIES



by Klaus Siefert

Klaus Siefert, of Neckargemund, Germany, became a Professional Member in January 1992. His MBA studies concentrated on personnel and management and included training in learning theory and psychology. Klaus uses Hemi-Sync in his communications seminars and with individual clients. Here he describes encouraging progress during work with two dyslexic children.

Marcel Golz-Landgraff entered school at the age of six and one-half years. Difficulty in recognizing and writing letters soon became obvious. His teacher was unfamiliar with dyslexia and believed that Marcel just did not practice enough. By the end of the first term, Marcel’s grasp of the alphabet was poor and he had no reading skills. His numbers from one to twenty were written illegibly and out of sequence. As a result, he had to repeat the first school year.

Marcel’s teacher had no idea how to proceed. In October 1992, the boy’s parents made an appointment with a Heidelberg specialist for reading and writing problems. The doctor diagnosed a severe reading and writing disorder (dyslexia) and provided them with an affidavit certifying that he needed expert assistance. In private discussion with the mother and father, the doctor expressed his personal opinion that Marcel would be unable to read or write.

Mr. and Mrs. Golz-Landgraff had their first contact with the Hemi-Sync technology of The Monroe Institute the following month. They spoke with me, and I suggested that they play the tape *Surf* over open speakers during television and play time. It also played in the background while Marcel studied. After two weeks, he began to print something resembling words.

By the end of February 1993, Marcel was writing his first readable letters Approximately two weeks later, Marcel began to write little stories on his own initiative.

By the end of February 1993, Marcel was writing his first readable letters and knew and recognized each of them. About that time, he complained that *Surf* during study time distracted him. Upon learning of this problem, I

suggested substituting *Concentration*.

Approximately two weeks later, Marcel began to write little stories on his own initiative. They contained many errors but were readable. Signs of the earlier difficulties were dramatically reduced. Handwriting samples (see Figs. 1 & 2) also demonstrated great improvement.

Marcel's ten-year-old sister, Anika, who also had a history of reading and writing problems, was working with a therapist. While she was experiencing the Hemi-Sync patterns of *Surf*, she reduced her average of twenty-two spelling errors per dictation to seven. Due to her reading and writing history, her school had determined that she would be unable to attend high school. In March, she received her own copy of the *Concentration* tape and eagerly anticipates a personal tape player for her birthday, so she can work with this tape to improve her abilities.

Now, in April, *Concentration* provides a backdrop for both children's study periods. These average about twenty minutes each for Marcel and up to an hour and a half for Anika. Her reading and writing skills have continued to improve. *Surf*

often plays over speakers while Marcel and Anika play, paint, or watch television, and *Concentration* is a breakfast-table companion. A surprise benefit: Marcel has learned the English phrases that signal the end of the *Concentration* exercise! His pronunciation is very good and he is, of course, very proud of his new language skills.

Surf often plays over speakers while Marcel and Anika play, paint, or watch television, and Concentration is a breakfast-table companion.

In May, I will begin introductory evenings for parents, which will cover the use of Hemi-Sync to support children with dyslexia. The next step is further education for therapists and teachers in this field.



Im Uli Bur sit Bela,
Zsieb Dicht Ete Ann Brn,
Ein Vogel im Kunst ut
urmt Zene Gyn im ras.
tam Isne Kud utn Kse.

figure 1.



Anika

und das ist für eine Heise
noch gar kein Alter.
Die kleine Heise hatte einen
Raben, der alles sprechen
konnte. Das war der



Marcel

figure 2.

BELIEFS, MOTIVATIONS, AND H-PLUS



by Joseph Gallenberger, PhD

Joseph Gallenberger is a clinical psychologist with twenty years of experience as a psychotherapist in numerous settings. For the past ten years he has offered services such as insight psychotherapy, marital counseling, relaxation training, and trauma recovery to his private outpatient clients. Dr. Gallenberger is proficient in the use of the H-PLUS Function exercises in his practice, as a TMI trainer, and personally. We're privileged to share the fruits of that experience.

Two major factors can influence how well the *H-PLUS* Functions work for you, and it is helpful to be aware of them as you work with the *H-PLUS* system. These two factors are "belief system" and "motivation."

A belief system is any idea you have that helps or hinders Function operation. For example, the first exercise I learned was called *Short Fix*, for pain control. When injured a week later, use of the Function Command gave immediate, total, and lasting relief from that pain. This was because my belief system included the idea that "the mind is very powerful and can control pain" and the idea that "I am entitled to be free of this pain." If, instead, my belief system had included strongly held ideas such as "it is not possible to control pain this easily, I deserve this pain because I was stupid enough to injure myself," or "life is meant to be painful," then this Function might not have worked as well. To reiterate: strongly held, conscious or unconscious negative beliefs can hamper Function effectiveness; strong positive beliefs can enhance Function effectiveness.

Next, please consider "motivation." This is defined as the sum of all the feelings concerning successful, immediate, and complete operation of the Function. When I used the Command for *Short Fix*, my motivation was "pure." I simply wanted the pain to stop—right then! "Mixed" motivations might have hampered success. Mixed motivations could be "I want this pain to gain me sympathy" and "I want this pain to keep me from having to do something unpleasant."

Acute pain control is usually fairly simple in terms of belief system and motivation—we want the pain to go away quickly and there is no unconscious reason for keeping it. When attempting to apply certain other Functions, we may discover complex belief systems and motivations that can interfere with speed and effectiveness of operation.

Perhaps the greatest motivational and belief complexity lies in the area of habit change. For example, if someone is chronically overweight, the belief system may include such thoughts as "If I lose weight, will people approach me sexually, when I

do not want this? Will I just put the weight back on later and be even more disappointed in myself? If I don't eat heartily, will I be unhealthy and have less energy? I don't want to be liked and respected just for my body. Thin people are superficial and tense. Fat people are sensitive and happy." In the case of weight loss, motivation is also complex. Motivational stumbling blocks can include fear of being different than before, fear of the unknown, fear of resentment from family or friends, fear of sagging skin, and fear of deprivation from favorite foods.

If you use a Function and it works well immediately, that is wonderful and you deserve the happiness that brings. If you have less than perfect results, examine your beliefs to see where the interference arises. You can change those beliefs, if you choose. Talking them over with a friend, a therapist, or using the Functions *Let Go* and *Off-Loading* can help. Secondly, look at your motivation and see if you can make it "purer" by satisfying conflicting needs in other ways, reassuring yourself that fear of change is understandable but unnecessary.

Still "stuck" after exploring your belief systems and motivations? Honor yourself by deciding that the time is not right to use that particular Function. Try it again in a few weeks to see if you get better results. Also, many people find that, as they learn three or four, suddenly all Functions become more effective.

When addressing a chronic problem, realize that patience and practice may be all that is needed. A lifelong habit may indeed change rapidly with the *H-PLUS* exercises—the system is that powerful for many people. But such change also occurs at a more deliberate pace for others. Slower may be better for you in particular instances, giving you time to absorb change more smoothly.

Good luck with the exciting process of taking fuller charge of yourself!



THE MONROE INSTITUTE BOARD OF ADVISORS

James Beal
Wilson Bullard, PhD
Thomas Campbell, MS
Gregory D. Carroll, PhD
Albert Dahlberg, MD, PhD
Eleanor Friede
William H. Herrmann
Fowler Jones, EdD
Suzanne Evans Morris, PhD
Joseph Chilton Pearce
Jill Russell, LCSP
David Stanley, MD
Constance M. Townsend, MD
Stanley J. Townsend, PhD
Raymond O. Waldkoetter, EdD
Marguerite Q. Warren, PhD

HEMI-SYNC™ Journal

The **HEMI-SYNC™ JOURNAL**, a publication of The Monroe Institute, offers current reporting on research and application of the Hemi-Sync™ technology in a variety of professional fields.

The Monroe Institute is a 501(c)(3) nonprofit research and educational organization dedicated to exploring and developing the uses and understanding of human consciousness.

The **HEMI-SYNC™ JOURNAL** is published four times annually by The Monroe Institute, Route 1, Box 175, Faber, Virginia 22938-9749. Telephone: (804) 361-9132. Membership/subscription rates from \$50 to \$150 per year.

Managing Editor: F. Holmes Atwater.
Editor: Shirley Biley.

© 1993 The Monroe Institute. All rights reserved. No part may be reproduced without permission. **POSTMASTER:** Send address changes to Route 1, Box 175, Faber, Virginia 22938-9749.